SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4-if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits. 	B. Beceived by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Ingram Barge Company 2/o Ingram Marine Group	
Craig E. Philip	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label)	7004 1160 0003 0353 5714
PS Form 3811, August 2001 Dome	estic Return Receipt 102595-02-M-1540

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UNITED STATES POSTAL SERVICE



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• Sender: Please print your name, address, and ZIP+4 in this box •

Kevin Shade (6SF-TE) U.S. EPA 1445 Ross Ave, Suite 1200 Dallas, TX 75202